	2003 LONG	PAYROLL TAX STAT SAN FRANCISCO TAX COLLEC BUSINESS TAX SECTION P.O. BOX 7425	TOR	www.	e Filing: .services	s.sfgov								
_	FORM	SAN FRANCISCO, CA 94120-7425 TAXPAYER ASSISTANCE: (415			BRUA	RY 29	, 200	4						
BUS	INESS TAX ID NUMBER			(415) 554-4455				_				1	AX Y	'EAR
DO	NOT WRITE IN PRE-P	RINTED AREAS. USE BLACK	NK AND STAY IN	SIDE BOXES.	PLEASE H		NT. DO I	ΝΟΤΤΥ	PE. DO	D NOT	SEN	d Pho	тосс	DPY.
				A. Final Staten B. Neighborho					ate Ck	osed_				
				C. Does busine				0	es 🗌		No			
				D. Enter the to employees				ISCO		[
				E. Number tha	at work 35			er weel	(in	ĺ				Ť
				SAN FRAN F. Number of (if ZERO, lea	SAN FRA	NCISCO	busine	ss Part	ners?	ĺ				+
				G. Fill in your (NAICS co				ity cod	le					T
			цв	USINESS TELEPHONE	,			_ [[$\overline{\mathbf{T}}$
			n. d	USINESS TELEPHONE										
1.	From Schedule C, I	ine 5, column A Total PAYRO	L EXPENSE		\$					ļ			-	
2.	From Schedule C, I	ine 5, column B Total EXEMP	T PAYROLL		\$,				
3.	From Schedule C, I	line 5, column C Total Taxable S.	F. Payroll (Subtract I	ine 2 from line 1)	\$									
4.	Payroll Tax Calculated	d (Multiply line 3 by Payroll Tax rate	of 1.5% or .015)		\$,			•	
5.	If Line 4 is less than \$	500. STOP Check the appropriate	box at bottom of	page 2 and see i	nstructio	ns.								
6.	If Line 4 is over \$2,50	0.00 enter the amount from Line 4	otherwise enter	zero.	\$									
7.	Enter calculated Enterpri Enterpris	se Zone and/or Garment Mfrs. TAX CRE ae <i>Zone</i>	DIT AMOUNTS and <i>Garmen</i>		HEETS.	lf none,	put zero	on line	7 total.	_				
	\$	\$\$, III , IIII , III , IIII , III , II			NTER T DTAL (EZ		DITS	\$				
8.	Tax Liability after E	Z and/or GM Tax Credits (Subtra	ct TOTAL of line 7 fr	om line 6. If line 7 is	greater th	nan line 6	6, enter 2	zero.)						
9.	Enter 2003 PREPAY	MENT PAID (Do not include Registr	ation Fees). If no	ne, enter zero.				\$						
10.	Amount you owe. (Subtract line 9 from line 8. If line 9	is larger than line	8, enter zero).				\$						
11.	Amount to be refund	led to you. (If line 9 is larger than I	ne 8, enter differe	ence). See instru	ctions.			\$						
12.	LATE FILING PENALTY	. If filed or postmarked after February 29	2004. enter penalty	amount. See instru	ictions.			\$						
13.	LATE PAYMENT PENAL	.TY. If paid after February 29, 2004, ente	er late payment pena	ty. See instructions	i.			\$						
14.	INTEREST. If paid after	February 29, 2004, enter interest. See in	structions.					\$						
15.	ADMINISTRATIVE FEE.	If filed or postmarked after February 29,	2004, enter fee of \$	35.00.				\$						
16.	TOTAL AMOUNT YO	UOWE. (Add Lines 10,12,13,14,15).	Make check payat	ole to the San Fra	ancisco [·]	Тах Со	llector	\$						
TH	IS STATEMENT MUST BE FI	LED BY FEBRUARY 29, 2004 OR YOU WILL	BE SUBJECT TO FEE	S, PENALTIES, AND/	OR INTER	EST.								

Under the laws of the State of California, I declare under penalty of perjury that I have read the foregoing and that it is true, correct, and complete to the best of my knowledge and belief.

Х	SIGN	HERE

DATE

Prepare only one STATEMENT (Long Form) even if you attach multiple Schedule Cs PLEASE ATTACH SCHEDULE C TO STATEMENT

B106-03

WHEN FILING

28360



		Payroll Expention BUSINESS TA		SCHED	ULE C Tax Year	
	61212					
F		CALCULATIONS		Column A	Column B	Column C
(Locations (non-SF = 999)	NAICS Code	No. employees as of 12/31/03	Gross Payroll	Exempt Payroll	Taxable Payroll
1	DBA			DBA Name and Location Address		
	LOC					
2	DBA			DBA Name and Location Address		
3	DBA			DBA Name and Location Address		
4	DBA			DBA Name and Location Address		
5	Totals					

SAN FRANCISCO TAX COLLECTOR BUSINESS TAX SECTION	PLEASE DO NOT TEAR APART HERE	2003 LONG FORM					
P.O. BOX 7425 SAN FRANCISCO, CA 94120-7425	PAYROLL TAX STATEMENT						
TAXPAYER ASSISTANCE: (415) 554-4400 TTY: (415) 554-4455							

PERIOD COVERED: January 1 -	December 31, 2003	DELINQUENT IF PAID OR POSTMAR	KED AFTER FEBRUARY 29, 2004
BUSINESS TAX ID NUMBER	C	OWNERSHIP NAME	PAYMENT ENCLOSED
BUSINESS TAX ID NUMBER	•		PAYMENT ENCLOSED

NOTE: Payment enclosed must equal the amount stated on Line 16 of statement. (Please write your Business Tax ID or certificate number on your check.)

Check this box if Line 4 on page 1 is less than \$1.

Check this box if Line 4 on page 1 is \$1 or more and less than \$500.

		S REGISTRATION CO TAX COLLECTOR X SECTION	Online Filing: www.services.sfgov.org	BUSINESS REGISTRATION RENEWAL FOR 7/1/04 - 6/30/05	
P.O. BOX 7423 SAN FRANCISCO, CA 94120-7423 TAXPAYER ASSISTANCE: (415) 554-44		CO, CA 94120-7423	TTY: (415) 554-4455	DELINQUENT AFTER: FEBRUARY 29, 2004	
BUSINESS TAX ID NUMB	ER	CERTIFICATE NUMBER		TAX	YEAR
DO NOT WRITE IN PR	E-PRINTED AR	EAS. USE BLACK INK A	ND STAY INSIDE BOXES. PLEASEH	AND PRINT. DO NOT TYPE. DO NOT SEND PHOTO	COPY.
			A. Business Closed 🗌	Date Closed	
			B. Neighborhood Beautifi	ication Fund Designation	
			C. Does business have a	burglar alarm? Yes No	
			D. Enter the total number employees as of Dece E. Number that work 35 h SAN FRANCISCO? F. Number of SAN FRAN (if ZERO, leave blank)	mber 31, 2003.	
			G. Fill in your IRS Busine (NAICS code). See in		
PLEASE READ IN	FORMATION	ON REVERSE SIDE	H. BUSINESS TELEPHONE NUMBER		
A. Renewing Your	Registratio	n:			
	n Fee(see rev r 2/29/04, go t		e). If paid by 2/29/04, go to Line	6 or \$	
		on negligence penalty equ	al to the fee on Line 1.	\$	
	ld a \$25 admir 5 administrativ		ation fee is \$25. Otherwise, add a	\$	
		oll Tax late filing penalty.		\$	
Line 5: Ad	ld a \$35 admir	istrative fee for late filing	of your Payroll Tax information.	\$	
Tax Collect	or and return t		e). Make check payable to the SF payment to the above address by	\$	
For any changes complete and re	s to your busi turn the "Rec	uest for Information" C	changes, additional DBA / loca hange Form.	ation, closing of business, please	
-		no employees in San F	payment to the above addres	s by February 29, 2004:	
Check this box	x if you have	payroll between \$66.67	7 and \$33,333.34		
		ifornia, I declare under penalty of my knowledge and belief.	of perjury that I have read the foregoing	and that it is true, 55486	
X SIGN H	ERE		DATE	B111-05	
			OT TEAR APART HERE		
SAN FRANCISCO TA BUSINESS TAX SEC			LE TO: SAN FRANCISCO TAX COLLEC	BUSINESS REGISTRATION CTOR RENEWAL FOR	
P.O. BOX 7423 SAN FRANCISCO, C	A 94120-7423	1-4400 TTY: (415) 554-4455	6	7/1/04 - 6/30/0	5
): July 1, 2004	- June 30, 2005 DEI	LINQUENT IF PAID OR POSTM	ARKED AFTER FEBRUARY 29,	2004
BUSINESS TAX ID	•		VNERSHIP NAME	PAYMENT ENCLOSED	
l					

NOTE: Payment enclosed must equal the amount stated on Line 6. (Please write your Business Tax ID on your check.)